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702.117

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Attorney Docket Number

DECLARATION	FOR UTILI	TY OR 📙			02.117							
	SIGN		First Named Inven	tor	Cole							
PATENT AF		N -	COMPLETE IF KNOWN									
	R 1.63)		Application Number									
Declaration	Declarat	ion	Filing Date		. .							
Submitted OR With Initial	Filing (so	urcharge	Art Unit									
Filing	(37 CFR required	(1.16 (e))	Examiner Name									
I hereby declare that:												
Each inventor's residence, ma	iling address, a	nd citizenship are a	as stated below n	ext to their i	name.							
I believe the inventor(s) name which a patent is sought on the			inventor(s) of the	subject ma	tter which is claimed	d and for						
Injectable, Resorbable Bo Treating Bone Defects	ne Graft Mate	rial, Powder for F	orming Same a	ind Method	Is Relating Thereto	o for						
		(Title of the	Invention)									
the specification of which is attached hereto												
is attached hereto												
OR			_									
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[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has be	en filed for this	s unsiar	ned inventor
Given Name		*			F	amily Name		
(first and middle [if any]) Jan	tzen A.				l °	r Surname C	ole	
Inventor's		10.						Date
Signature								
Residence: City	State			Coun	•		Citizer	nship
Cordova	TN			US	SA US			
Mailing Address								
8273 Varden Lane,	Apt. 104							
City	State				ZIP	10 1105	ĺ	Country
Cordova	TN				380	16-4105	Ļ	USA .
NAME OF SECOND INVENTO	R:				A pe	etition has bee	n filed f	for this unsigned inventor
Given Name		-		-	Fa	mily Name		
(first and middle [if any]) Mic	hael E.				or	Surname Ca	arroll	
Inventor's Signature								Date
Residence: City	State			Cour	-		Citize	nship
Memphis	TN			US	<u> </u>		US	
Mailing Address								
4691 Barfield Road								
City	State				ZIP		Count	•
Memphis	TN				381	17-2507	US	Α
Additional inventors or a legal re	presentative are be	ing named on	the 1	suppleme	ental she	et(s) PTO/SB/02A	or 02LR	attached hereto.

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ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet

Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Surname						
Jon P.		Moseley						
Inventor's Signature			. •		Date			
Arlington Residence: City	TN State		ISA Coun		US Citizenship			
6075 Chester Street Mailing Address								
Mailing Address								
Arlington	TN	-		38002-9306	USA			
City	State			Zip	Country			
Name of Additional Joint Inventor, if any:	-	☐ A petiti	ion h	as been filed for this	unsigned inv	rentor		
Given Name (first and middle (if any)				Family Name or	Surname	و		
Kelly C.		Richelsoph						
Inventor's Signature		Date						
Memphis Residence: City	TN State	USA Country				US Citizenship		
9394 Alex Dickson Cove Mailing Address								
Mailing Address								
Memphis City	TN State	38133-0958 Zip			USA Country			
Name of Additional Joint Inventor, if any:		☐ A petiti	ion h	as been filed for this	unsigned inv	ventor		
Given Name (first and middle (if any)		Family Name or Surname						
Inventor's Signature		Date						
Residence: City	State			Country		Citizenship		
Mailing Address								
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PTO/SB/81 (06-03)

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Application Number		
Filing Date		
First Named Inventor	Cole	
Title		
Art Unit		
Examiner Name		-
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I am the:	pplicant/Inventor.				
	ssignee of record of the entire i tatement under 37 CFR 3.73(b)		96)		
		SIGNATURE of Applicar	nt or Assignee of R	Record	
Name	Jantzen A. Cole				
Signature					
Date				Telephone (9	01) 867-4335
NOTE: Signation	atures of all the inventors or assigned than one signature is required, see	es of record of the entire interest	or their representative	e(s) are required. Sub	mit multiple
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and	Filing Date	
	First Named Inventor	Cole
CORRESPONDENCE ADDRESS	Title	
	Art Unit	
INDICATION FORM	Examiner Name	
	Attorney Docket Number	702.117

I hereby appoint:		-		
Practitioners at Customer Number	r: 37902			
OR		·		
Practitioner(s) named below:				
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I am the:		1.		
Applicant/Inventor.				
Assignee of record of the entir	e interest. See 37 CFR 3.71.			
	b) is enclosed. (Form PTO/SB/	96)		
	SIGNATURE of Applicar	nt or Assignee of R	ecord	···
Name Michael E. Carroll				
Signature			Tolophone	(004) 007 4000
Date			Telephone	(901) 867-4608
NOTE: Signatures of all the inventors or assi forms if more than one signature is required,		or their representative	(s) are required.	Submit multiple
*Total of 4 forms a	e submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name		
Attorney Docket Number	702.117	····

I hereby appoint:				
Practitioners at Customer Number	37902			
OR			_	
Practitioner(s) named below:				
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Applicant/Inventor.				
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Assignee of record of the entire Statement under 37 CFR 3.73(interest. See 37 CFR 3.71. b) is enclosed. (Form PTO/SB/9	16)		
	SIGNATURE of Applicant	t or Assignee of R	ecord	"
Name Jon P. Moseley		-		
Signature				
Date			Telephone	(901) 867-4414
NOTE: Signatures of all the inventors or assig forms if more than one signature is required, s	nees of record of the entire interest one below*.	or their representative	(s) are required.	Submit multiple
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Attorney Docket Number	702.117

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Practitioners at Custo	omer Number:	37902				
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Name Kelly C. Rich	nelsoph				<u>,, ,</u>	
Signature						<u> </u>
Date				Telephone		
NOTE: Signatures of all the invitorms if more than one signature	entors or assignee e is required, see	s of record of the entire interest below*.	or their representa	tive(s) are required.	Submit multiple	
►Total of 4	forms are su	ubmitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney Docket No.: 702.117

ASSIGNMENT

For valuable consideration, we, Jantzen A. Cole, residing at 8273 Varden Lane, Apt. 104, Cordova, Tennessee 38016-4105, Michael E. Carroll, residing at 4691 Barfield Road, Memphis. Tennessee 38117-2507, Jon P. Moseley, residing at 6075 Chester Street, Arlington, Tennessee 38002-9306 and Kelly C. Richelsoph, residing at 9394 Alex Dickson Cove, Memphis, Tennessee 38133-0958, hereby assign to Wright Medical Technology, Inc., a Delaware corporation having a place of business at 5677 Airline Road, Arlington, Tennessee 38002-9501; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled INJECTABLE, RESORBABLE BONE GRAFT MATERIAL, POWDER FOR FORMING SAME AND METHODS RELATING THERETO FOR TREATING BONE DEFECTS, filed _____, and assigned U.S. Serial Number __/__, and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment including said application, any and all United States and foreign patents, utility models and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Attorney Docket No.: 702.117

	IN WIT	NESS	WHER	EOF, I	hereto	set m	y hand	and:	seal at	t				,1	this	day
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Attorney Docket No.: 702.117 IN WITNESS WHEREOF, I hereto set my hand and seal at , this day of _____, 20____. JON P. MOSELEY SS: County of _____, 20___, personally appeared Before me this day of known to me to be the person whose name is subscribed to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes therein contained. Notary Public (SEAL) My Commission expires:_____ IN WITNESS WHEREOF, I hereto set my hand and seal at ______, this _____ day of_____,20____. KELLY C. RICHELSOPH SS: County of of ______, 20____, personally appeared day known to me to be the person whose name is subscribed to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes therein contained.

(SEAL)	Notary Public	
	My Commission	